

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90329 001 \*\*\*900.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000114802

1. Entity Name

SEMC 111, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1920 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

STE 202

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

WEST PALM BEACH, FL

City &amp; State

Zip

33409

Country

PALM BEACH

Zip

Country

4. FEI Number

65-1060159

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name MARK SMITH

Street Address (P.O. Box Number is Not Acceptable)

Same

City

FL

Zip Code

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐\$5.00 May Be  
Added to Fees

11. CEO

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SMITH, MARK W.  
9498 ALTAIA  
LAKE PARK, FL 33470

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DONNELL MICHAEL  
2559 DEER RUN DRIVE  
LOXAHATCHEE, FL 33470

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone /

CR2ES4B (12/91)